

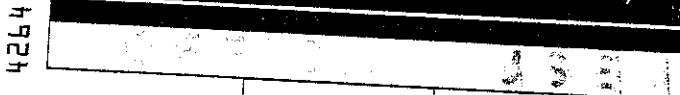
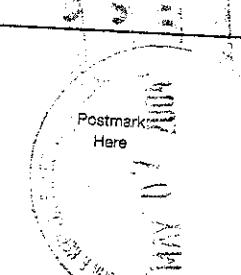


Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CA No. 04-10627-RCL	
DEFENDANT ONE PAINTING/PASTEL TITLED "LA COIFFURE" BY EDGAR DEGAS		TYPE OF PROCESS Complaint and Warrant & Monition	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Arnold Katzen c/o William Kettlewell, Esquire		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) Dwyer & Collora, 600 Atlantic Avenue, Boston, MA 02110		
Send NOTICE OF SERVICE copy to Requester: SHELBEY D. WRIGHT, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)			
Please serve the attached Verified Complaint and Warrant & Monition upon the above-named individual by certified mail, return receipt requested.			
LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of [Signature]		[X] Plaintiff [] Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS		Date Apr. 29, 2004	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] AM [] PM Please see Remarks below.
Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer, 6/4/04			
REMARKS: Service was made as noted above via certified mail number 7001 2510 0003 4300 4264. Certified mail card signed as received on 5/9/04. Copy of certified mail card attached.			

TD F 90-22.48 (6/96)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece or on the front if space permits. 		<input checked="" type="checkbox"/> A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> B. Received by (Printed Name) L. T. KATZEN <input type="checkbox"/> C. Date of Delivery 5/9/04 <input type="checkbox"/> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <input type="checkbox"/> E. 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> F. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
1. Article Addressed to: Arnold Katzen c/o William Kettlewell, Esquire Dwyer & Collora 600 Atlantic Avenue Boston, MA 02110		2. Article Number <i>(Transfer from service label)</i> 7001 2510 0003 4300 4264	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-01-M-0381	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
	
4264 4300 0003 2510 7001	Postage \$ <input type="text"/>
	Certified Fee <input type="text"/>
	Return Receipt Fee (Endorsement Required) <input type="text"/>
	Restricted Delivery Fee (Endorsement Required) <input type="text"/>
	Total Postage & Fees \$ <input type="text"/>
	
Sent To Arnold Katzen c/o William Kettlewell, Esquire or PO Box No. Dwyer & Collora City, State, ZIP+4 600 Atlantic Avenue Boston, MA 02110	
PS Form 3800, January 2001 See Reverse for Instructions	